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7590

06/22/2004

**KLARQUIST SPARKMAN CAMPBELL**  
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<b>Susan Alpert Siegel, Ph.D.</b>	(Depositor's name)
<i>[Signature]</i>	(Signature)
<b>September 17, 2004</b>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/130,887	08/07/1998	BRUCE G. GOLD	899-50283	6989

TITLE OF INVENTION: METHODS OF SCREENING FOR AGENTS THAT PROMOTE NERVE CELL GROWTH

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	09/22/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
TURNER, SHARON L	1647	435-007200

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**Klarquist Sparkman, LLP**

2 \_\_\_\_\_

3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Oregon Health and Science University****Portland, Oregon**Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee
- ☒ Advance Order - # of Copies **10**

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09/22/2004 CNGUYEN1 00000001 09130887

01 FC:2501  
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665.00 OP  
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